



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH CARE, QUALITY, FINANCING AND PURCHASING
MEDICAL ASSISTANCE PROGRAM

IMPORTANT NOTICE REGARDING CHANGES TO PHARMACY PRIOR AUTHORIZATION PROGRAM

The State of Rhode Island Medical Assistance Pharmacy Program is expanding its' program of prior authorization for certain prescription drugs. Beginning **November 25, 2002**, the prior authorization program will be enhanced in order to provide a more efficient means of administering this program. The enhancements import an automated electronic editing approach for claim review, processing and authorization. These enhancements will allow you to better serve your patients in the delivery of quality care with fewer disruptions in their care. The majority of the prior authorizations will be done at the Point of Service at the pharmacy. In those instances where more information is needed to make a determination, the prescriber will call the help desk.

Goals of the Prior Authorization Program:

- ◆ *Achieve consistent levels of quality pharmaceutical care*
- ◆ *Ensure cost-effective utilization of health care resources*
- ◆ *Restrict use of certain medications to well defined treatment guidelines and approved indications*
- ◆ *Encourages the use of less expensive agents within a drug class, where appropriate*

The treatment guidelines used in this Program have been developed on a foundation of evidenced-based medically accepted treatment protocols.

As the Prior Authorization Program moves forward you will become aware that additional drugs and/or drug classes will be added to the list of targeted agents. Beginning **November 25, 2002** medication in these drug classes will require prior approval before they can be dispensed to your medical assistance patients:

Drugs Currently Requiring PA	New Drugs Requiring PA (Effective 12/03/2002)
<ul style="list-style-type: none">• CNS Stimulants• Erectile Dysfunction Drugs• Follicle Stimulating Hormones• Growth Hormones• Modafanil• Weight Loss / Anti-Obesity Drugs	<ul style="list-style-type: none">• Cox-2 Inhibitors• Proton Pump Inhibitors

Enclosed you will find information regarding the process and where to locate the criteria being utilized for those drug classes listed above. Please refer to the criteria when prescribing or dispensing any of the medications to your patients.

As always, your support is critical to the success of this Medical Assistance initiative. It is our goal to partner with you in the provision of quality cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Ingelcia Jiran at 401-784-3818.

Sincerely,

A handwritten signature in black ink, reading "Paula J. Avarista", is positioned below the word "Sincerely,".

Paula J. Avarista, RPh
Chief of Pharmacy and Related Services
Office of Contracting and Payment

